

**Assessment for the Supply and Administration of Progestogen-Only Emergency Contraception**

Pharmacy Stamp	Client's Name	
	Date of Consultation	
	Date of Birth (Age)	
	Post Code	

CLIENT HISTORY		
Normal length of menstrual cycle	days	
Is the cycle regular or irregular?	Regular	Irregular
First day of last menstrual period		
Day in cycle / Number of Days Post Partum		
Has the client had Levonelle since the last menstrual period?	Yes	No

CRITERIA FOR INCLUSION	Yes	No	N/A
Is the client beyond the 5th day of a spontaneous menstrual cycle?			
OR			
Has the client missed her contraceptive pill?			
Advice was given if missed contraceptive pill?			
OR			
Is the client at least 21 days post partum?			
AND			
Since the LMP or childbirth has the client only had unprotected intercourse within the last 72 hours period?			
All options for emergency contraception discussed			
Client prefers hormonal method			

If further advice is required please contact any of the support centres, Sexual Health Services, or refer client to any Family Planning Clinic or to her GP.

CRITERIA FOR REFERRAL (EXCLUSION)	Yes	No	Notes
Has the client used any other form of emergency contraception within this cycle?			If 'yes' - refer. But if Levonelle 1500 has been taken and vomited refer to guidance notes
Is the client on any other medication?			Please list, check BNF, etc for interactions.
Is the client pregnant or likely to be pregnant?			If 'yes' refer.
Is the client post-partum by six months or less, fully breastfeeding (at least every 5 hours) with no menstrual bleed?			If 'yes' - client is unlikely to need Levonelle 1500. Refer to sexual health advisor for advice.
Compared to her usual cycle is her period overdue?			If 'yes' - advise to carry out a pregnancy test or refer
Was her vaginal bleed (period) in any way abnormal? (Different length & flow to previous periods)			If 'yes' - refer.
Did unprotected sexual intercourse occur more than 72 hours ago?			If 'yes' - refer.
Does the client have severe liver disease?			If 'yes' - refer.

COUNSELLING	YES	NO
Mode of action discussed		
Failure rate discussed		
Side effects discussed		
Possible effects on foetus discussed		
Importance of tablet being taken as soon as possible, discussed		
Follow-up discussed		
Future contraception discussed		
If accredited is First Contraception Service Appropriate?		

OTHER RELEVANT NOTES

Where the client heard about the scheme? .....

The reason for the request? (i.e. Unprotected sex/burst condom) .....

Day of request? 

Mon	Tue	Wed	Thu	Fri	Sat	Sun
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PLEASE COLLECT THE FOLLOWING INFORMATION IF PATIENT HAPPY TO PROVIDE			
	Yes	No	Declined
Did alcohol play any part in this sexual encounter?			
Did drug use play any part in this sexual encounter?			

Action Taken	Yes	No
Levonelle 1500 (supplied / administered in pharmacy)* *Delete as appropriate		
low cost pregnancy test supplied Offer Chlamydia Test Kit if Appropriate(Target Age 15- U25)		
Levonelle 1500	Batch Number:	Expiry Date:
Referral:		
Advice given:		

The above information is correct to the best of my knowledge. I have been counseled on the use of emergency contraception and understand the advice given to me by the pharmacist.

Client's Signature: ..... Date: .....

The action specified was based on the information given to me by the client, which, to the best of my knowledge, is correct.

Pharmacist's Signature: ..... Date: .....

Time taken to complete consultation ..... minutes.